

London Borough of Sutton

Short Term Assessment & Reablement Team (START - London Borough of Sutton)

Inspection report

Civic Offices
St Nicholas Way
Sutton
Surrey
SM1 1EA

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08 March 2019

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service:

- The Short-Term Assessment and Re-ablement Team (START) provides short-term care and therapy to people recently discharged from hospital and/or in need of short term personal care until alternative longer-term care arrangements are made for them.

People's experience of using this service:

- People told us they felt safe with the care and support they received. They all said they were happy with the staff who cared for them.
- Staff received appropriate training, induction, supervision and support so they could effectively perform their roles.
- People said the staff were kind and caring and knew how to provide the support they needed in the way they wanted it.
- People told us they received good responsive care that met their needs. This was confirmed by all the health and social care professionals we spoke with.
- Governance of the service was good. Appropriate checks and audits were carried out to determine the quality of the care. Where improvements were needed they were implemented.
- The service met the characteristics for a rating of "good" in all the key questions we inspected.

Therefore, our overall rating for the service after this inspection was "good".

- More information is in our full report.

Rating at last inspection:

- At the last inspection on 28 July 2016 and 1 August 2016 which was announced the service was rated 'Good'.

Why we inspected:

- This was a planned inspection to check that this service remained 'Good'

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our Well-Led findings below.

Short Term Assessment & Reablement Team (START - London Borough of Sutton)

Detailed findings

Background to this inspection

The inspection:

- We carried out our inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. Our inspection checked whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

- Our inspection was completed by one inspector.

Service and service type:

- The Short-Term Assessment and Re-ablement Team [START] provides short-term care and therapy, to assist people to maximise their level of ability and independence in their own homes. The local authority is the provider and the service is situated in the Civic Offices in Sutton.
- The service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. At the time of our inspection, a manager was registered with us.

Notice of inspection:

- Our inspection was announced.
- We gave the service 48 hours' notice of the inspection visit because the location provided personal care in the community and we needed to be sure that staff and managers would be present in the office.

What we did:

- Our inspection was informed by evidence we already held about the service. We also checked for feedback we received from members of the public, local authorities and clinical commissioning groups (CCGs).
- We asked the service to complete a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.
- We spoke with 11 people who used the service and a relative.
- We spoke with the registered manager, the deputy manager, an assistant team manager, three support workers two of who were seniors, the lead training manager, a nurse consultant, the clinical lead for nurses, two social workers and an occupational therapist.
- We reviewed five people's care records, five staff personnel files, audits and other records about the management of the service.
- We requested additional evidence to be sent to us after our inspection. This was received and the information was used as part of our inspection.



Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People told us the care and support they received was safe. They were positive about the care and commitment shown them by staff. Comments included, "They were most helpful in getting me back on my feet. They helped me to do what I could for myself but safely," and "My short-term memory is poor, so I forget things. I felt the support I received was helpful in that it helped me to feel safer about what I could do."
- All staff received safeguarding training and were provided with refresher training. Staff understood their responsibilities in relation to safeguarding. A whistleblowing policy was in place for staff. They told us they were encouraged to report any concerns.
- The registered manager knew what constituted safeguarding and took appropriate action to safeguard people.
- The provider reported any safeguarding allegations to the local authority safeguarding team for investigation and sent us statutory notifications to inform us of any events that placed people at risk, as required by law.

Assessing risk, safety monitoring and management

- The provider assessed risks relating to people's care and support needs. As part of this process they used the information they received from referrals. Clear outcome based, care plan guidance was in place for staff to follow to help minimise identified risks.
- Staff understood the risks relating to people's care and the action required to reduce the risks. Risks were well managed.

Staffing and recruitment

- People provided positive comments about staff who provided them with care. They included comments such as, "The staff who visit me never seem to be in a rush and they always do what is needed," and "They come on time and they stay until it's all done," and "I like it that I get the same group of staff, regular people. That helps me to get to know them better and I feel safer with people I know."
- The registered manager told us the system used for staff rotas by the planners [or care co-ordinators] helped ensure people received their care on time and calls were not missed. The times allocated for care calls were flexible and could be increased if a person's needs were complex.

- Personnel files contained all the necessary pre-employment checks which showed only fit and proper persons were offered jobs.
- Recruitment practices were robust, checks included a full employment history, obtaining a criminal records history check from the Disclosure and Barring Service and obtaining references from prior employers.

Using medicines safely

- People told us they received their medicines at the right times.
- Staff received regular training in the safe management of medicines and their competencies were regularly assessed by senior staff.
- Risk assessments were completed for the safe management of people's medicines.
- Protocols were in place for staff to follow when administering 'as required' medicines.
- Staff recorded medicines administration appropriately on records (MAR). Senior staff monitored staff practices with medicines administration, stocks and records.
- The service recognised the need to ensure people remained as independent as possible with taking their own medicines. Staff only prompted people or administered the medicines when the person needed assistance.
- Relatives sometimes managed people's medicines.

Preventing and controlling infection

- Appropriate policies and procedures were in place for staff to follow when supporting people. This had helped to ensure both they and staff were protected from the spread of infections and that best hygiene practices were carried out.
- Staff told us they had access to necessary protective personal equipment such as gloves and aprons.
- All staff received training with food hygiene. This helped to ensure best practices were followed when assisting people with meal preparations.

Learning lessons when things go wrong

- The registered manager told us there had been no accidents or incidents in the past year. Systems were in place to record, investigate any accidents or incidents when they occurred.
- Accidents and incidents were reviewed at the provider's manager's meetings to share learning and improve services where needed.



Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

People's outcomes were good, and their feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law:

- People told us, "I received the right care at the right time. My needs were assessed and the care and support provided was exactly what I needed," and "I make the decisions about my care and the team understands my needs and my preferences for the support I get." Health and social care professionals said, "The START service provides a professional service to assess the needs of people's care including monitoring and further evaluation," and "The START team are really good at providing appropriate care for people together with other health and social care services."
- Assessments of people's needs were comprehensive, agreed outcomes were identified, and care and support was regularly reviewed.
- People were supported by the appropriate healthcare professionals involved in their care, such as nurses and other health and social care professionals such as GPs. This was enabled by the close working arrangements in place for the START team with those professionals.
- Staff applied learning effectively in line with best practice, which helped lead to good outcomes for people and supported a good quality of life.

Staff skills, knowledge and experience:

- People said, "I found the START team very helpful and well trained in what they had to do," and "Carers know what they are doing, they seem to me to be well trained." Comments from health and social care professionals included, "The START Team delivers effective, efficient and excellent service. They support some people with the most complex care needs," and "They are an essential part of the overall care services for people, well trained and experienced staff."
- Staff had the necessary knowledge, skills and experience for their roles through regular relevant training to meet people's needs. Classroom based training was completed by staff for safe moving and handling of people. They told us they valued this and it helped them improve the quality of the care they provided. New staff completed a comprehensive induction in line with national standards and shadowed staff to learn the role.
- Staff were competent, knowledgeable, and skilled and said they felt well supported by senior managers to develop their knowledge.

- Staff were encouraged to undertake additional, non-mandatory training, which they felt was of good quality and helped them meet the needs of people.
- As part of the induction process staff were introduced to new people [using the service] with a care coordinator, who knew the person well. Staff were given comprehensive information in terms of care planning when they met the person.
- Staff had regular supervision and appraisal, which they told us they found useful. They also described spot checks in people's homes, which focused on issues such as professional appearance, confidentiality, manual handling, bathing, infection control and food preparation.

Supporting people to eat and drink enough with choice in a balanced diet:

- People had access to sufficient food and drink throughout the day.
- People's preferences were recorded in their care plans for staff to refer to.
- Where people were at risk of poor nutrition and dehydration, plans were in place to monitor their needs closely and professionals were involved where required to support people and staff.

Staff working with other agencies to provide consistent, effective, timely care:

- Health and social care professionals told us the service provided "an absolutely invaluable service" in their joint working with them. Comments included, "Their dedication and commitment to clients is noted by all, professionals and clients alike," "They work really well in co-operation with us," and "START makes a huge difference and impact on the way services are provided. The outcome based approach is perfect."
- People and health and social care professionals told us technology and equipment was used effectively to meet people's care and support needs.
- Staff liaised and worked with a variety of health care professionals. Together they ensured that people received the care and support they needed to achieve their rehabilitation goals.
- The service also worked with GPs, palliative care teams and social workers when people required additional care, needed transfer to a care home or received end of life care.

Supporting people to live healthier lives, access healthcare services and support:

- People we spoke with said the service had helped them regain much of their independence and as such they said they had healthier lives. Comments included, "With their help I am much more mobile now and can get around by myself," "I have been encouraged [by staff] to do more exercise, more activities and I now visit clubs to keep my mind active, all thanks to START."
- Where people required support from healthcare professionals, we saw this was arranged and staff followed guidance provided by such professionals.
- This was confirmed by healthcare professionals we spoke with.

Ensuring consent to care and treatment in line with law and guidance:

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. We checked whether the service was working within the principles of the MCA.

- Staff assumed people had the capacity to make decisions, unless they assessed otherwise. Some people who used the service lacked the capacity to consent to care and treatment.
- There was evidence of mental capacity assessments, when needed, and their outcomes.
- Staff gave us examples of ensuring people were involved in decisions about their care and showed us they knew what they needed to do to make sure decisions were taken in people's best interests.
- Staff told us people were supported to have maximum choice and control of their lives and were supported

in the least restrictive way possible.



Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: □ People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- All the people we spoke with provided positive feedback about both the staff and the service and said they were treated with dignity and respect.
- People's comments included, "Staff are very caring," "I would not be at home now if they had not been able to help me, they have been so kind to me", "They have been wonderful, I don't know what I would have done without them." and "Their kind assistance has helped me just when I needed it when I came out of hospital."
- Staff also spoke about people with kindness and compassion and demonstrated a high level of commitment and passion for their work with people.
- Staff we spoke with knew people's preferences for the way they wanted their care delivered.

Supporting people to express their views and be involved in making decisions about their care

- People [and where appropriate their relatives] were fully involved in drawing up their care and support plans. People told us they were asked for their views and staff told us how they supported people to make decisions about their care and knew when people needed help and support from their relatives.
- Staff told us the length of visiting times allocated to them was flexible according to people's needs. So that if a person they were providing care for on a particular day needed more care and support, staff were enabled to provide it. This was confirmed both by people and the planners [care co-ordinators] who arranged staff schedules.

Respecting and promoting people's privacy, dignity and independence

- People told us they received care which was dignified and respectful. When we asked people and relatives whether privacy and dignity was respected by staff during visits, they all agreed it was. The service provided person-centred care in a way that helped people to maintain a good level of independence, make choices and enable people to do as much for themselves as possible. When personal care was provided, staff explained they maintained people's privacy and closed bedroom doors and curtains in people's homes.
- People said they were asked by staff for their consent before being provided with support. They said they were offered choices and encouraged wherever possible to be independent and to do things at their own pace. Comments included, "Carers have encouraged me to be as independent as possible and to do as

much as I can for myself," "Over the time I have had the support [from START] I have been able to do more and more for myself, so I owe them all a big thank you," "I was more independent than I realised, so with START's help I can now do so much more for myself."



Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- The service identified people's communication needs by assessing them. Staff understood the Accessible Information Standard. People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others.
- The care records documented where people had communication impairments, and steps were implemented to ensure information was provided to people in a way they could understand it.
- Some people had very complex needs, and staff recognised the need for alternative methods of communication with them.
- Care plans detailed people's communication aids such as glasses, hearing aids or other equipment people required to enable them to lead better daily lives.

Improving care quality in response to complaints or concerns

- There was an appropriate complaints management system in place. Complaints were handled in an appropriate way.
- People and their relatives knew how to raise a concern or complaint or to provide positive feedback to the registered manager about people's experiences.
- Staff knew how to raise concerns or complaints when necessary. They said they thought any complaints they raised would be listened to and acted on in an open and transparent way by management. Senior managers said they would use issues identified in any complaints as an opportunity to improve the service for people.
- We saw regular service user feedback forms were sent out and issues raised by people were addressed by managers.

End of life care and support

- Some people received end of life care in their own homes. The service supported people well during palliative care.
- Staff worked proactively with other health and social care professionals to ensure people had a pain-free, dignified death.

- Where appropriate the provider started care packages as soon as possible, so that people could experience their end of life in their home, rather than in a healthcare setting.
- Staff knew the techniques and skills necessary to ensure symptoms associated with end of life conditions were managed and people were comfortable.



Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The provider's mission statement set out values and aims for the service. These centred-on people receiving high quality appropriate care and support from staff.
- All staff were provided with staff handbooks which set out their responsibilities for providing high quality care and support to people, which respected their dignity and their rights.
- The provider had systems in place to record and investigate any accidents and incidents that occurred, which included keeping people informed and taking measures to make improvements where necessary. Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements
- The service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. At the time of our inspection, a manager was registered with us.
- Staff received effective supervision and regular appraisals that enabled senior staff to monitor standards and ensure high quality levels of support were maintained. It also enabled positive opportunities for effective communication about quality performance and what was required for good standards of service provision.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People, their relatives, staff and other health and social care professionals told us the service was well managed.
- People spoke positively about senior staff and said they were "very supportive," and "I can always discuss anything with them and they listen and give me good advice."

- There was a clear management and staffing structure that was recognised by all the staff we spoke with. Senior staff held regular meetings with staff to make sure they understood their roles and responsibilities with regard to the support they provided to people.
- The registered manager understood their responsibilities with regard to the Health and Social Care Act 2008 and was aware of their legal obligation to send us notifications, without delay, of events or incidents involving people using the service.

Continuous learning and improving care

- Senior staff told us they undertook unannounced spot checks to people's homes. They checked on staff working practices and gained feedback from people about the service they were receiving and if improvements were needed. They also telephoned people to check that they were happy with the support being provided. An end of service review was carried out for every person who received care and support from the team and information from this and the other feedback checks mentioned, informed the registered manager as to how the service needed to be developed and improved. A relative told us, "We have had senior staff come to check to see if everything is alright. They call or visit us to see if the carer has been and if we are getting the care and support we need." Any issues identified through these checks were discussed with staff immediately to help them to continuously improve their working practices.
- Monthly staff meetings were held. We saw minutes of recent meetings and saw items discussed included training opportunities and learning from best practices examples from other services. On the agenda were items to do with policies and procedures and any operational updates that staff needed to know about.
- The provider embraced the use of new technology to support people to receive more timely care and support. Information shared in real time with staff enabled faster and more effective decisions to be made about people's care between professionals, people and their relatives.
- Staff rotering was good. Mobile smart phones were issued to staff so they could access up to date information about the people they supported. Office based staff were able to monitor late visits and make suitable arrangements with people and staff where necessary.
- A new pilot programme was being implemented where a variety of devices used in people's homes could send monitoring information [provided people gave their consent] back to the provider so that more immediate and responsive support could be offered. The impact of the use of this new digital technology for people using the service was expected to further support people to live more independently and to improve their health and wellbeing outcomes.

Working in partnership with others

- The provider worked in partnership with a wide variety of other agencies to develop and improve the delivery of care to people. Most of the care and support provided to people involved working together with a range of community and hospital health and social services. For example, staff worked collaboratively with hospital health care professionals referring people to the service in preparation for discharge back to their homes. We spoke to some of these professionals and they were positive about the joint working with START and the outcomes for people referred to the team. One professional said, "They are really good at providing short term intensive care for people we refer to them." They went on to say the joint working was excellent and they were kept up to date and well informed about people's care and support needs. This all helped to ensure people continued to receive the appropriate care and support they required.